Addressing Trauma Needs of Minors that are Unaccompanied Immigrants

Host

Julie Collins

Director of Standards for Practice Excellence

CWLA

Together, Making Children and Families a National Priority

CWLA-NCTSN Webinar Series

Advancements in the Field: What's Working

- ✓ **January 22nd -** Addressing Trauma Needs of Minors that are Unaccompanied Immigrants
- ✓ **March 12th -** Trauma Screening and Assessment in Child Welfare
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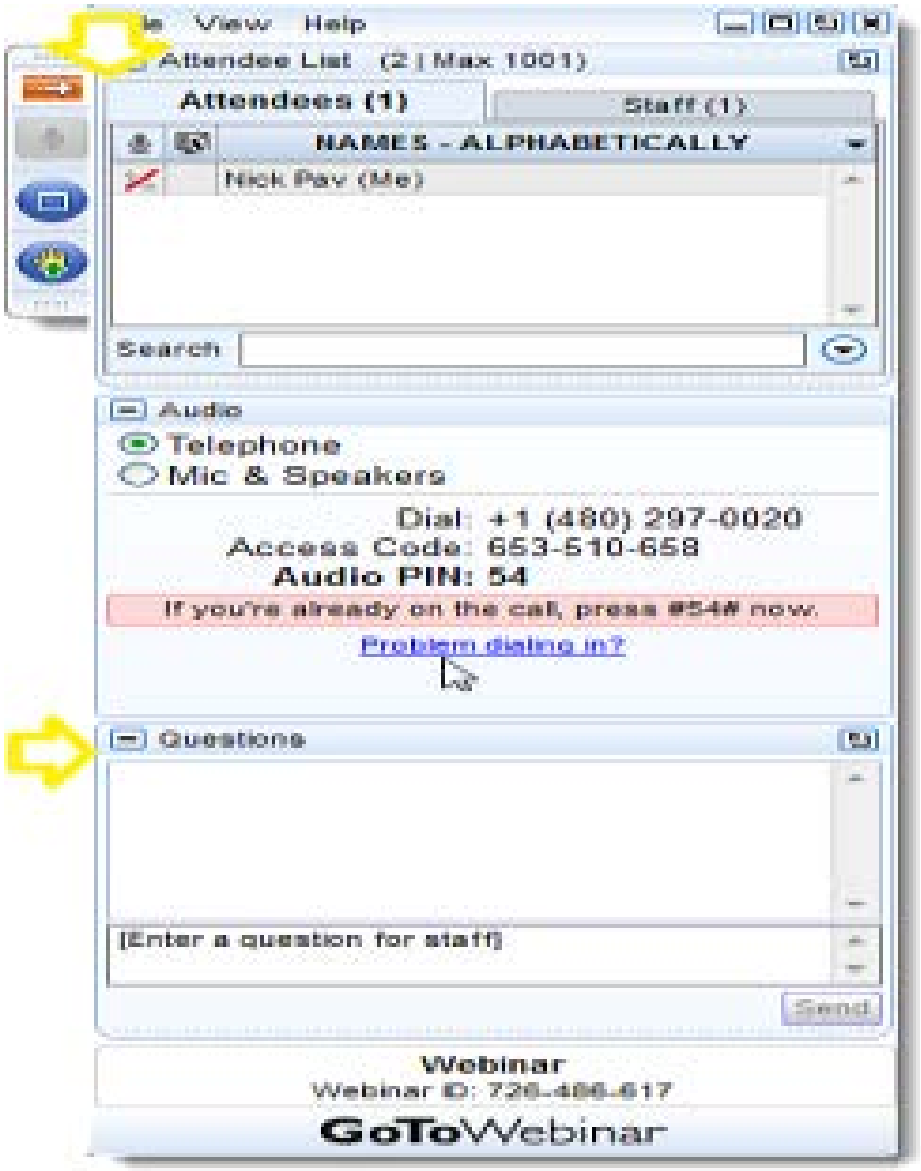

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Kelly Decker, PhD., Service Systems Program, National Center for Child Traumatic Stress, UCLA Neuropsychiatric Institute & Hospital

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Clinical Coordinator/ Associate Director of the ETTN Boston Site, The Child Witness to Violence Project, Boston Medical Center, Boston, MA

Megan A. Mooney, Ph.D., Staff Psychologist Supervisor, Trauma Clinic, DePelchin Children's Center, Houston, TX

Marta Casas, LMHC, Med, Clinical Director, Community-Based Services Division, Justice Resource Institute, Boston, MA

Cathi Tillman, LSW, Executive Director, La Puerta Abierta/The Open Door, Philadelphia, PA

Polling Question 1

Your work with this population of children/youth is in .....?

- ✓ a community clinical/mental health setting
- ✓ a community support service
- ✓ an ORR funded service
- ✓ the public child welfare system
- ✓ Other

Unaccompanied Immigrant Minors: Clinical Considerations When Serving Very Young Children and their Caregivers

Carmen Rosa Noroña, MSW, MS. Ed, CEIS
Clinical Coordinator/ Associate Director of the ETTN Boston Site
The Child Witness to Violence Project
Boston Medical Center
Boston, MA

Child Witness to Violence Project
Boston Medical Center
Boston MA

- Provides counseling services to children age 8 & younger (and their families) who have been exposed to violence and other traumas.

  -Services are free of charge

  -Target population represents the diversity of families receiving care at BMC; approximately 30-40% of referrals come from immigrant Latin American families.
- Provides training/consultation to providers who work with children affected by violence.
- Member of the National Child Traumatic Stress Network/Early Trauma Treatment Network www.nctsn.org
- Website: childwitnesstoviolence.org

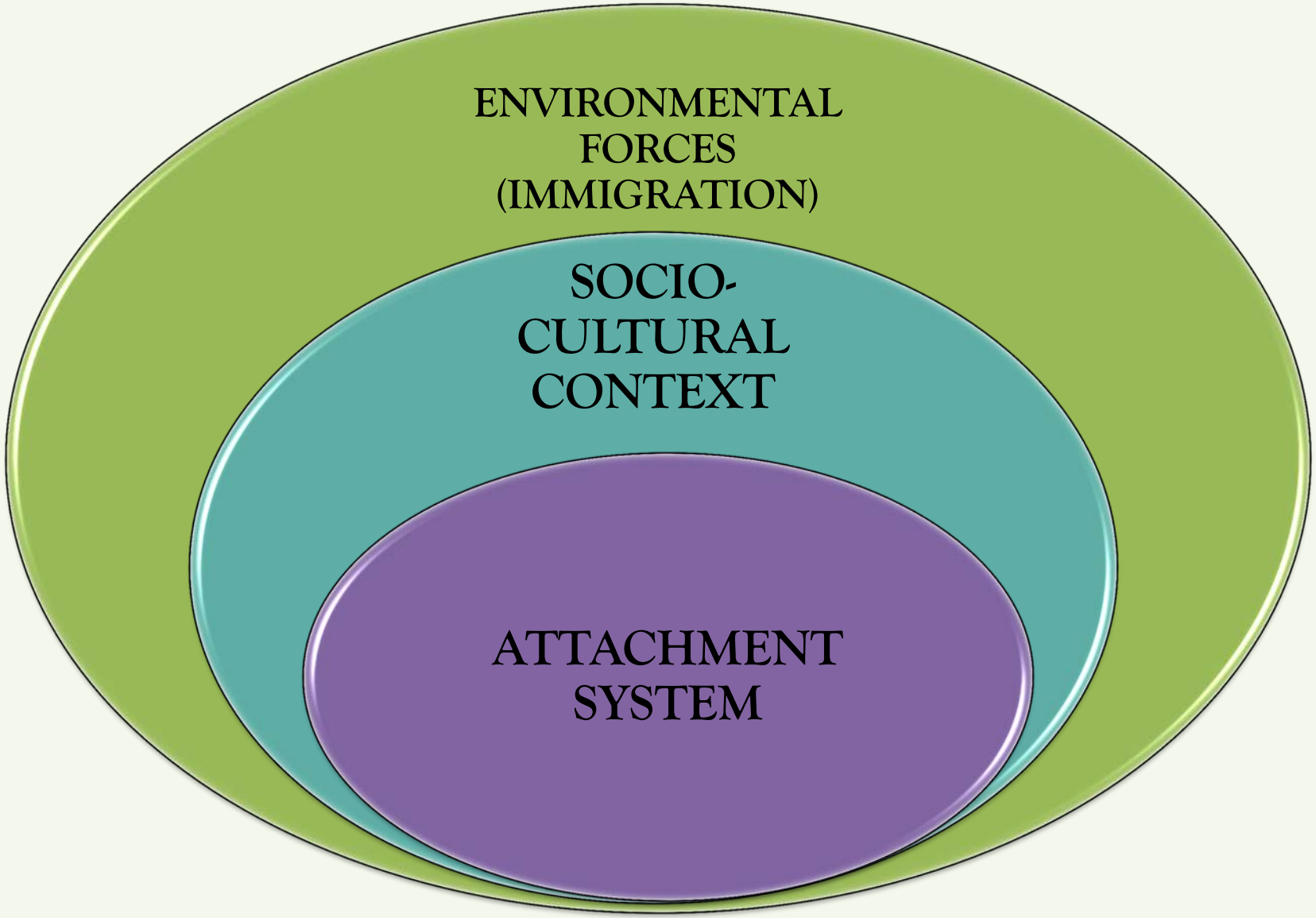
Percentage of Very Young Children Among Unaccompanied Immigrant Minors

- Ages of children admitted into ORR custody, 10/2008-9/2010 (Vera Institute, 2012):

  - 0-12: 16%
  - 13-14: 11%
  - 15: 13%
  - 16: 23%
  - 17: 34%
  - 18 or older: 3%

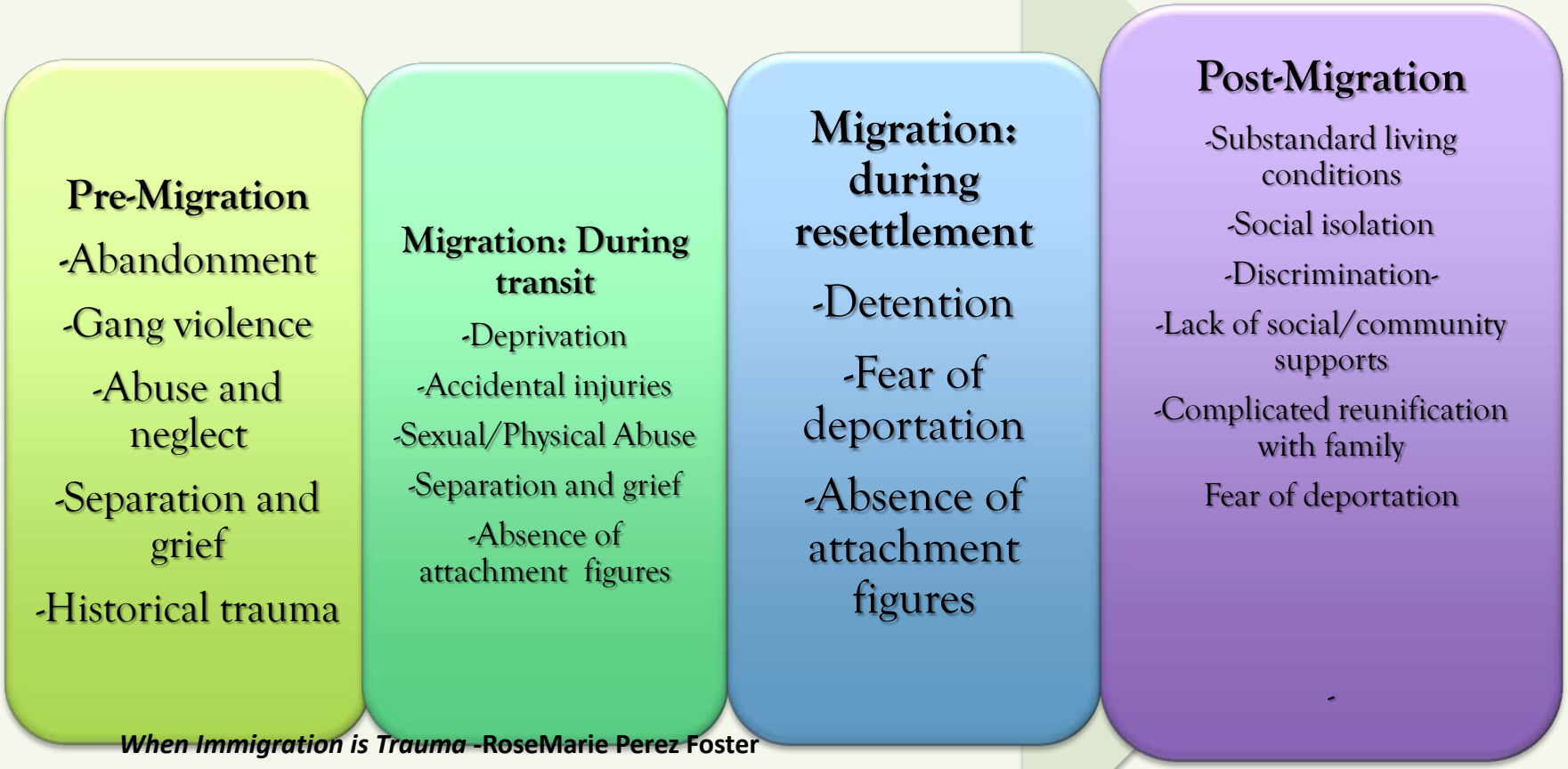
Main Premises

- Young children organize their responses to stress and danger around their attachment relationships/systems
- Through these attachment relationships they make meaning of themselves, the significant people in their lives and the world around them through these attachments.
- The attachment system is embedded in a socio-political-cultural context, which constitutes the platform on which rests the ability to make meaning of life experiences.
- Long separation from attachment figures can disrupt all aspects of a young child's normal development (cognitive growth and learning, emotional self-regulation, social –emotional development and attachment to caregivers and others).
- Their perception of their safety is closely linked to the perceived safety of their caregivers.
- Trauma exposure in young children includes: long term separation from attachment figures, forced removal (parental arrest, foster care, abrupt separations) , violence (threats, injuries to caregivers)


ENVIRONMENTAL FORCES (IMMIGRATION)
SOCIO-CULTURAL CONTEXT
ATTACHMENT SYSTEM

A Vulnerable Population

EXPOSURE TO TRAUMATIC STRESSORS



When Immigration is Trauma **-RoseMarie Perez Foster**

Traumatic Stress Reactions in Young Unaccompanied Immigrant Children/Effects of Trauma Exposure

INFANTS (0-12 months)

- Self-regulation problems: Intense crying; soothing feeding, elimination, sleeping issues; frequent colic; movement problems.
- Head banging or other self-injurious behaviors
- Withdrawal/flat affect

TODDLERS (1-3)

Dysregulation: intense temper tantrums, sleeping, eating disturbances

- Flight-fight-freeze behavior
- Recklessness or inhibition of exploration
- Angry non-compliance
- 0veractivity
- Extreme separation anxiety
- Unsure who is safe and not
- Developmental delay, regressions

PRESCHOOLERS (3-5)

- Re-experiencing trauma (nightmares)
  - Increased arousal (attention problems, hypervigilance)
  - Numbing, withdrawal from caretakers(social isolation, play constriction)
  - Demanding/controlling behavior
  - Regression
  - New fears
  - Psychosomatic symptoms
  - Increased anxiety: Excessive concern for loved ones
  - Self-blame due to magical thinking

IMPACT OF UNDOCUMENTED STATUS ON LATER FUNCTIONING

- ✓Identity formation, friendship patters, aspirations and expectations and social and financial mobility.
- ✓Represents an emotional injury: children feel rejected, isolated, resentful with their parents and documented peers
- ✓Feelings of confusion, hopelessness, anger
- ✓Associated with developmental delays (i.e. cognitive), anxiety disorder, externalizing and internalizing symptoms, depression

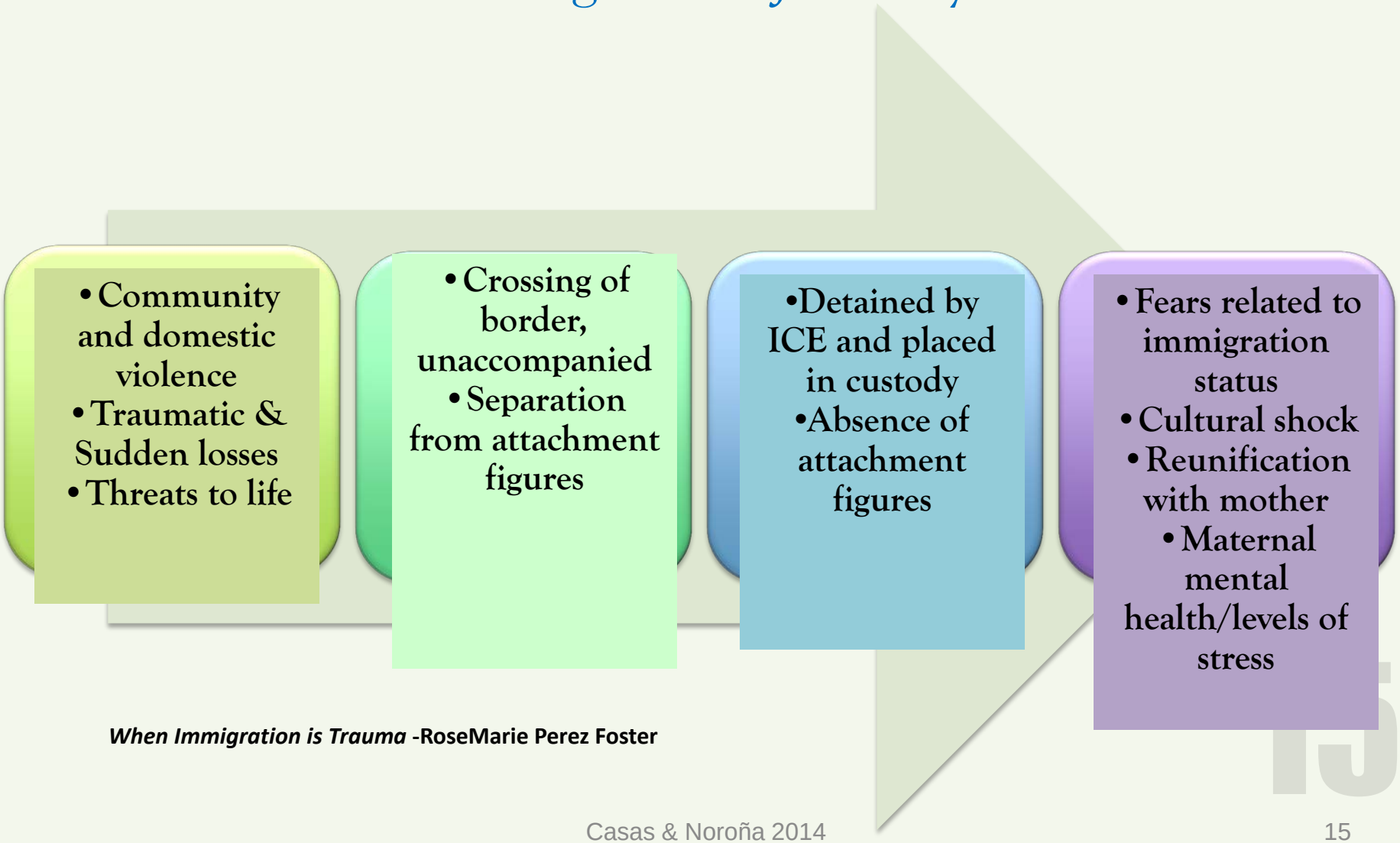
Casas & Noroña 2012

Vignette: Julián and Marina

Julián

- 5.6 boy from Honduras
- History of exposure to community and domestic violence
- Reunified with his mother, Marina (6 months ago) after 4 years of separation.
- Mother fled the country after the father (who was in the military) was murdered by a gangs in front of her and Julian.
- Was promised of a job in the US but was trafficked for labor
- Julián was left with his maternal grandmother and aunts
- A year ago Julian received death a kidnapping for ransom threats
- Marta sent for Julián who traveled alone with other immigrants who he had not met previously
- Julián and his adult companions were detained at the border, he was released to his mother. He is seeking asylum and facing immigration legal procedures

Julián: Traumatic Stressors Linked to His Immigration Journey



When Immigration is Trauma **-RoseMarie Perez Foster**

Clinical Themes Presented by Julián & Marina

Julián

-Sleep and eating disturbances

-Detachment and withdrawal

-Hypervigilance

-Enuresis

-Learning difficulties (language delay, pre-academic skills)

-Sexualized behavior

-Sadness

-Misses his grandmother

Marina

-PTSD symptoms

-Sense of guilt

-Fantasies about what happened to the child during the separation "damaged goods"

-High expectations about reunification and child

-Feeling rejected by the child

-

Julian & Marina: Protective Factors

Relationship level

- Multiple stable and protective and competent attachment figures (grandmother, aunts) who cared for him while separated from his mother
- Mother and child maintained transnational relationship through photos, letters and technology
- Julian is able to communicate often with his grandmother and mother depends on her for advice and emotional support
- Relational skills
- "Easy" temperament

Socio-Cultural level

- Mother has maintained cultural rituals and traditions from homeland: foods, treats, games, songs that have provided a sense of continuity for child

Immigration as a Stressor & Strength

Adjustment process

Immigration

Attachment System

Interventions and Clinical Applications


TRAUMA

Core Components in Serving Young UIM and their Caregivers

1. Safety and Stabilization

-Assistance with concrete problems of daily living

-Facilitating basic safety: physical, emotional, related to immigration issues

2. Assessment as engagement

- Exploring caregivers'/family's views around therapy, reactions to stress definitions of mental health and trauma, standardized assessments.

-Completing thorough child, adult and relationship, trauma assessments using a variety of tools and non-standardized methods sensitive to the family's socio-political-cultural background

2. Reflective developmental guidance: using family's socio-cultural lens, help the caregiver make meaning of the children's behaviors and feelings linked to the trauma

3. Attending to the family's socio-cultural norms and values

-linguistic competency

-views around play and development

-including internalized family as a source of resilience (Angels in the Nursery) and transnational relationships in treatment

ADAPTATIONS IN DELIVERY OF SERVICE

Daily stressors

Logistics

Language

Rearing

Soothing

Healing

Trauma

Tx

CONSTANT USE OF CULTURAL BELIEFS & PRACTICES

Restoration of Protection & Safety

Co-Regulation

Co-creation of Narrative

Towards Socio-Culturally Responsive Interventions

- Therapeutic interventions heavily based on features of western attachment end developmental theories may not be effective with diverse populations.
- They may lead to mistakenly perceive caregiver practices as inadequate or pathological (inhibition of child exploration = insecure attachment)
- Need to address the challenges caregivers face when what they have learned is culturally appropriate comes in conflict with rules, values and expectations in the environment they live in.

Final Suggestions

- Learn the facts about unaccompanied minors
- Regarding stabilization and safety:
  -Provide advocacy and information to child's family
  -Help family to develop a safety plan
  -Know where you are referring your clients
- Familiarize yourself with immigration laws, policies and resources
- Encourage them to establish connections with community organizations to avoid isolation and learn about their rights
- Don't do it alone: Supervision, consultation
- Advocate for change at policy level: Increase awareness through presentations, writing articles, etc.

Addressing the Needs of Serving Unaccompanied Immigrant Minors

Challenges to & Suggestions for Providing Culturally Sensitive Assessments

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CHILDREN'S CENTER

MENTAL HEALTH | FOSTER CARE | ADOPTION

Special Thanks

- The fantastic team of evaluators who do (or previously did) this work:
  - Ivy Ruths, PhD, PLP
  - Amanda Venta, MA, LPA
  - Blanca N. Hernandez, PhD, LPC
  - Juan J. Castaneda, MS

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CHILDREN'S CENTER
MENTAL HEALTH | FOSTER CARE | ADOPTION

Background

- DePelchin is a large non-profit community mental health agency serving Houston and the surrounding areas
- Part of NCTSN since 2003 either as a funded or affiliate site
- Contracted by ORR/DUCS to provide trauma-informed assessments for minors in their custody in Houston area shelters to aid in treatment planning and placement decisions

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Our ORR/DUCS Clients

- Mostly teens ages 14-17 from Central America detained at the US/Mexico border
- Chronic Trauma in country of origin
  - Poverty
  - Abuse – sexual, physical, emotional
  - Neglect
  - Separation from primary attachment figures/family members
  - Gang violence
- Acute Trauma
  - Events along migration journey
  - Events in custody of Border Patrol/ICE
- Medical conditions (CP, Spina Bifida)
- Intellectual & Developmental delays

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Challenges

1. Lack of information on referrals
2. Distrust of the system/process
3. Chronicity of trauma & acuity of trauma
4. Unusual and complex presentations
5. Lack of valid/reliable assessments in Spanish standardized with this population
6. Providing appropriate recommendations

Possible Solutions – Lack of information on referrals

- Establish strong relationships with referring clinicians, case workers, and supervisors
- Request additional information as needed
- Provide education about how this helps to develop and structure an assessment

Possible Solutions – Distrust of the system/process

- Rapport-building
- Education about the assessment process
- Communication about the intent of the process
- Discussion of client's concerns about the evaluation and/or implication of their legal process
- Discussion of test validity in reports

Possible Solutions – Chronicity of trauma & acuity of trauma

- Approach the assessment assuming that the youth has experienced one or more extremely stressful events in their lifetime
- Don’t focus too much on this
- Gather as much information as you can and document it as carefully and concisely as you can in order to help this youth in their process
- Keep the youth in mind – What information is needed? Why is it needed? Who else will be reading this?

Possible Solutions – Unusual and complex presentations

- Gather as much information in advance about current functional levels including physical impairments as well as cognitive or developmental delays
- Consult about possible adaptations to “typical” testing ideas
- On the spot tailoring as needed
- Think outside the box!

Possible Solutions – Lack of valid/reliable assessments

- Research available measures that suit your needs
- Be prepared that you may have to read/interpret items
- Provide explanations in text of report regarding limitations of tests

Possible Solutions – Providing appropriate recommendations

- Write reports of results in a meaningful way
  - Watching for jargon
  - Linking test scores to understandable items
- Find appropriate referral resources
- Provide recommendations for a variety of audiences
  - Current shelter/future placement
  - Current and future therapists
  - Caregivers: Foster home, biological family, etc
- Write brief summary letters in Spanish

Takeaway Messages:

- Be trauma-informed
- Be flexible
- Be resourceful
- Seek consultation/supervision
- Keep the youth in mind

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Unaccompanied Immigrant Minors: Common Themes in Therapy

CWLA & NCTSN Webinar - January 22, 2015

Marta Casas, LMHC, MEd
Clinical Director, Community-Based Services Division
Justice Resource Institute
Massachusetts

Background

- Graduated as a Clinical Psychologist in Bogota, Colombia, in 1981.
- In 2002, moved to Boston to become part of the clinical team at the Trauma Center at JRI, and has been part of LHI and the Child Witness to Violence Project at BMC.
- At the present, Director of Clinical Services of the Community-based/ Behavioral Health Services Division at Justice Resource Institute, a large non-profit organization dedicated to provide mental health, health and educational services to disenfranchised populations.
- Longstanding and active member of the NCTSN Culture Consortium and Translations Review Committee since 2007

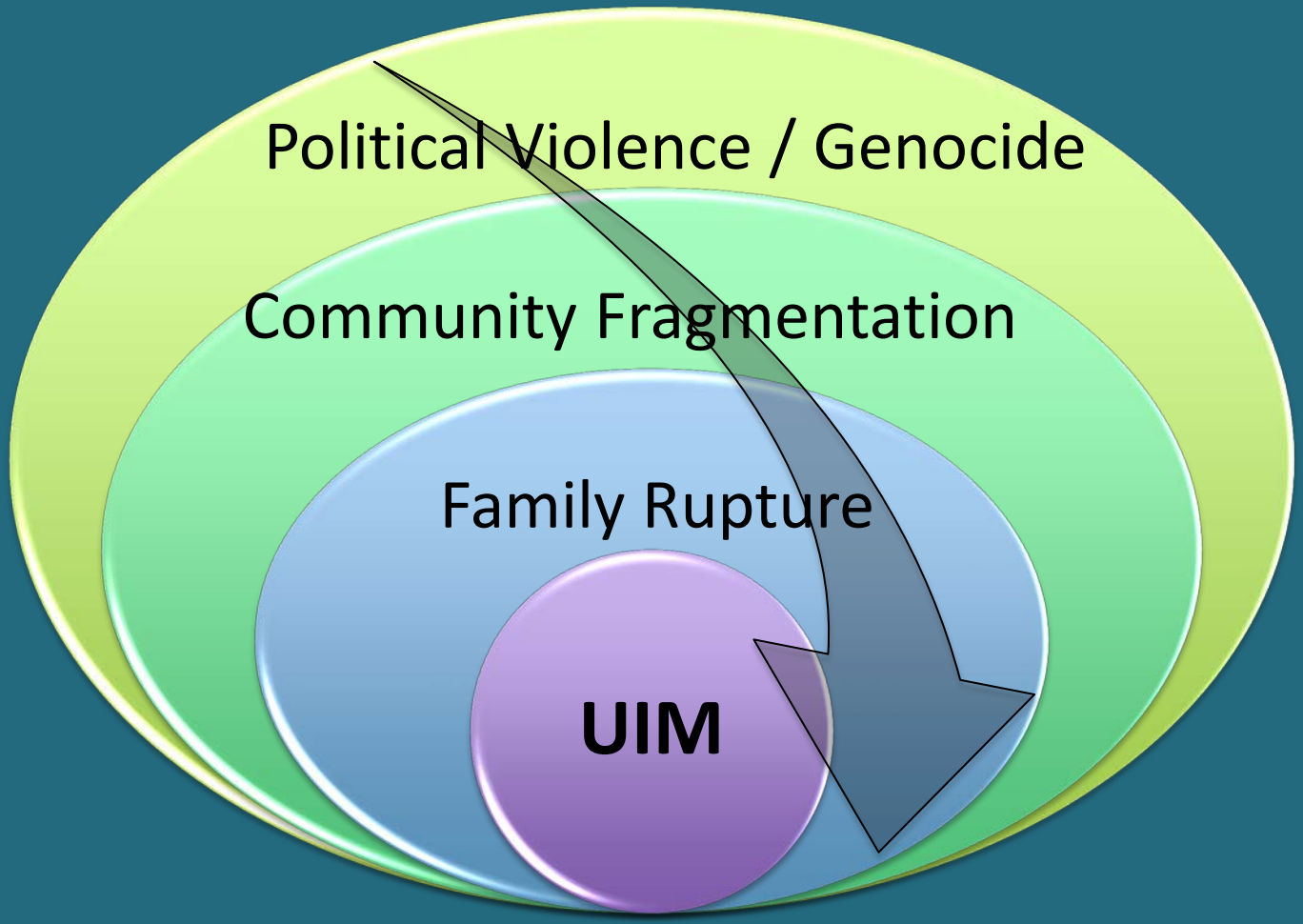
Approach

Ecologically-centered approach to trauma that highlights the importance of considering the cultural context within which the individual has built identity.

Historical Context

- Political violence and genocide in Central America countries at different points of time between 1960 and 2000.
- Currently social violence as an expression of historical [unresolved] trauma.
- Trauma conceptualized as psychosocial rather than only intrapsychic.

Trauma Across Generations



Double Impact over Identity

Common Themes related to Trauma Exposure

- History of multiple losses and separations pre and post-migration / Cultural bereavement
- History of poor or complete lack of schooling/either denied of schooling or exposed to an irregular attendance.
- Early involvement in occupational and/or caretaking activity
- History of chronic and severe history of abuse and neglect.

Common Topics related to Settlement in Host Country

- Intellectual performance measured using non-standardized tests.
- Academic struggles
- Failure to comply with structured [residential and school] environments
- Language barriers
- Identified as “parentified children” using this culture’s perspective.

Common (Post?) Traumatic Reactions

- Fight vs. Submissive reactions as coping mechanisms
- Push away affects that feel debilitating and interpreted as hindering their ability to adapt.
- Effort put into emotional containment impact their ability to think and make good decisions.
- Hyperreactivity / Easily triggered

Common Themes about Healing

- Memories of positive figures or moments that helped them throughout the process of migration (*holding hope*).
- Resignification of traumatic memories within a context inclusive of these positive memories.

Addressing Trauma Needs of Minors that are Unaccompanied Immigrants

NCTSN/CWLA Webinar

January 22, 2015

La Puerta Abierta: who we are and what we've learned along the way:

- LPA's Mission: improve access to quality, competent and reliable mental health support in vulnerable communities through training, collaboration and service;
- Youth programming serves approximately 60-80 youth annually, through trauma-informed individual, group and family-based counseling.
- Since 2013,majority of youth have been "newcomers" from Central America.
- Integrate creative modalities in programming (visual arts, graffiti art, garden program, youth leadership training)
- **All** aspects of treatment are determined through a lens of trauma-informed, evidence-based care that is flexible, accessible and considers clients in the context of their trans-national experiences.

Lessons learned along the way:

- Majority of youth coming across borders experience multiple traumas before, during and after the journey.
- Experiences include traumatic loss, exploitation, deprivation, physical, emotional and/or sexual abuse

What we've learned, con't

1. Youth sometime lack vocabulary to describe experiences/feelings, impacting on engagement in counseling process.
2. Needs and types of therapeutic engagement differ between youth who:

- reside with family members when arriving in U.S.
- are truly without viable family relationships within U.S.
- Have different attachment histories requiring close attention to issues of transference, abandonment, etc.

Within family systems:

- Intergenerational trauma
- Lack of basic resources
- Lack of supportive services
- Socio-political histories and environments that compound daily challenges of living

Within community systems:

- Circumstances that perpetuate trauma and interfere with healing;
- Poor coordination of overall services pose risk of system incoherence and potential oversight of critical care;
- Altruism can be at cross-purposes with the overall goals of providers and caretakers

Ambiguous Loss

- When a family member(s) is psychologically present but physically absent;
- Heightened anxiety/worry/sadness regarding status of significant family members;
- Closure not necessarily goal in therapy, rather management of feelings

Dynamics presented in the UMC stories

- Described as “lost boys and girls of Central America”
- Stories of loss and trauma similar to those from refugee populations
- Many UMC’s have had little/no/disrupted education in home countries. Poses additional challenges to integration in community and peer environments.

Key Concerns for newcomers

- Language challenges
- Adjustment to peer culture

- Documentation status
- Cultural differences
- Persistent economic challenges

Key Concerns for newcomers, con't

- Limited avenues for expression of experiences
- Pressure to adjust to new environment and work, succeed, "survive"
- Little support for healing in formal service delivery system

Key Concerns for community professionals:

- Lack of/poor understanding of migration stories
- Language barriers
- Cultural barriers
- Administrative pressures that present conflicting agendas
- Inflexibility of larger systems of care

So what can we do??

Connection and Safety:

Wherever/however youth present in service delivery system, assist in attaining safety "in self, relationships, and environment ", as described in the "Sanctuary Model"

(Bloom, S. L. The Sanctuary Model: *A Trauma-Informed Organizational Approach to Services for Traumatized Children and Youth.* In Steele, W. and Malchiodi, C. (Eds.)

Relevance of Attachment Theory

- Understand attachment theory and how it explains attachment avoidance and anxiety, and how these dynamics present in many aspects of our work

- Promote healthy bonding and attachment that is healing and offers hope for further relational health and stability

This includes:

- Ask questions that reflect interest in youth's "narrative"
- Listen to understand– not judge or make "recommendations"
- Give credit for strength and resource identified in the story, while being open to listening to the hurt;
- Promote and sustain climate of hope and possibility.

Establishing community

- Use of arts and culture as therapeutic forms of expression
- Re-creating “self” in a manner that appreciates common feelings of liminality
- Support connection to home culture and community

Winnicott's "Holding Environment"

- Importance of holding space of safety and trust in the therapy process.
- Helps "us" be more patient
- Gently shift paradigm of clinical "outcomes" to appreciate a more holistic context for care

- Target meaning-making out of separations and other experiences
- Restore coherence in the family's "narrative"
- Address re-establishment of family roles and boundaries

Cross-system training

- Approach work with UMC's as a human right, not a political debate
- Re-define "cultural competence" into cultural humility
- Require openness, flexibility and compassion in all aspects of care
- Standardize protocols of treatment and collaborate, collaborate, collaborate!

“The greatest good you can do for another is not just to share your riches but to reveal to him his own.” ***~Benjamin Disraeli***

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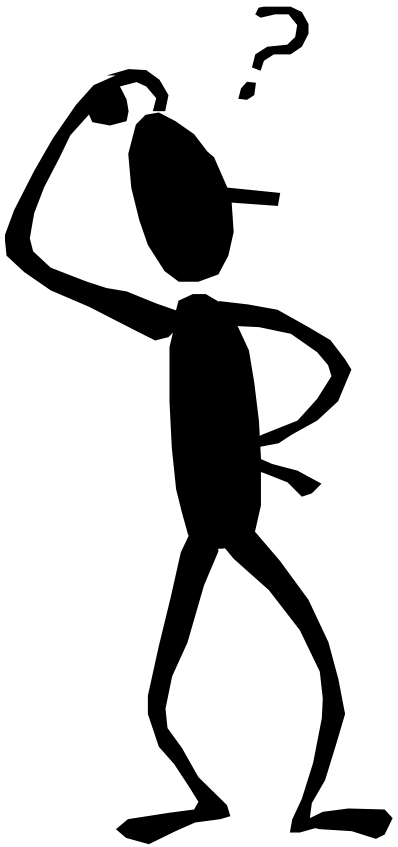
Questions



NCTSN RELEVANT RESOURCES

- URL for the slides: http://www.nctsnet.org/sites/default/files/assets/pdfs/NCTSN_Virtual_Town_Hall_Meeting_Addressing_Unaccompanied_Immigrant_Minors.pdf

- URL for the recording: http://www.nctsn.org/content/welcome-nctsn-unaccompanied-immigrant-minors-virtual-town-hall

NCTSN RELEVANT RESOURCES

- NCTSN webpages on Culture and Trauma http://www.nctsn.org/resources/topics/culture-and-trauma
- National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
- Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma (2008) http://www.chadwickcenter.org/WALS/wals.htm
- Spanish Adaptation of Childhood Traumatic Grief Video http://www.nctsn.org/resources/topics/mini-grants-for-under-funded-areas
- Culture and Trauma References http://www.nctsn.org/resources/topics/culture-and-trauma/references
- http://www.nctsn.org/about-us/network-members

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